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THE DRUG PROBLEM IN SIOUX CITY—A MULTISTATE APPROACH TO DRUG CONTROL

HEARING

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

SPECIAL HEARING

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THE DRUG PROBLEM IN SIOUX CITY—A MULTISTATE APPROACH TO DRUG CONTROL

WEDNESDAY, FEBRUARY 14, 1990

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Sioux City, IA.

The subcommittee met at 9 a.m., in the West High School Auditorium, Sioux City, IA, Hon. Tom Harkin (chairman) presiding.

Present: Senator Harkin.

NONDEPARTMENTAL WITNESSES

STATEMENT OF JAMES WHARTON, MEMBER SIOUX CITY, CITY COUNCIL AND EXECUTIVE DIRECTOR OF COLLEGE RELATIONS AT BRIAR CLIFF COLLEGE

OPENING REMARKS OF SENATOR HARKIN

Senator HARKIN. Good morning. The Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and related agencies will come to order.

The Senate Appropriations Subcommittee on Labor, Health and Human Services, and Education is here in Sioux City proudly to join with the panel of public officials and private citizens who are fighting on the front lines in the war against drugs in northwestern Iowa. Your efforts are indispensable to rolling back the spread of drugs in the Siouxland area, and you all deserve our thanks and our support.

The winds of change sweeping Romania, Poland, and East Germany have literally torn apart the Iron Curtain that has divided Europe for the past two generations. But as the cold war thaws, we're slowly waking up to a hot war rising up in our streets, our neighborhoods, and our rural areas across America. And I'm talking about the war on drugs.

The fact is, drug and alcohol abuse have become the No. 1 threat to our national security, and this is no longer a problem just afflicting our Nation's big cities. It's hit small communities in rural America. From my visits across Iowa, meeting with local police, educators, and community leaders, it's clear that the druggers have established a beachhead in Iowa.

Drugs have also brought to Siouxland and other areas increased dropout rates, more teenage pregnancies, overburdened social services, and fewer drug-free workers. Make no mistake: We still don't

have the drug problem of States like New York and California; but we can't just sit back and wait for our problems to get that bad.

And we must be aware that the drug problem in rural America poses unique challenges. Small towns with historically low crime rates are unprepared for the rise in drug-related crimes. The sudden need for additional police officers place great burdens on city and county budgets. For areas like Sioux City, the drug fighters are bound by State borders, but the drug problem isn't. And while drug dealers can cross State boundaries, Federal and State funds can't.

I'm committed to pressing the Federal Government to recognize the need for a regional, multistate approach to the drug problem in rural America. Last year, I worked with the Senate leadership in drafting a $3 billion drug supplemental. As a member of the Senate task force responsible for drafting this drug package, I made sure that Iowa received its fair share of Federal antidrug funds. In fact, the Federal contribution to Iowa nearly doubled from $9.5 million in 1989 to $18.1 million in 1990. And that's only the beginning of what I plan to do to combat drugs in Iowa.

I was discouraged to discover that the President's Drug Control Strategy released last month made only passing reference to the drug problem in rural America. Unfortunately, while the drug plan may have missed rural America, the drug dealers haven't. Rural America needs an action plan for combating drugs.

And since the executive branch isn't prepared to lend our rural communities the weapons they need to win the war, we're prepared to push into law a rural drug plan that will, No. 1, create a rural drug czar under Mr. Bennett and $20 million to meet the drug enforcement problem specifically in rural America and provide at least 10 DEA agents in 18 targeted rural States. If this rural drug initiative becomes law, Iowa would get more DEA agents, and Sioux City would get one of them. That bill, I might add, has passed the Senate and is now in the House Judiciary Committee.

But I know we won't win the war on drugs from the top down. It's going to take individual actions on the part of all of us to be successful. But we can't win the war on drugs without real ammunition. It takes more police on the beat, more treatment centers, more drug counselors in our schools to make Iowa drug-free.

Fighting drugs requires more than just saying no. We must say yes to working together in our families, our workplaces, and our communities. We must say yes to partnerships between our local, State, and Federal Governments. We must say yes to cooperation among local law enforcement agents, treatment specialists, prosecutors, and counselors.

And that's why I'm so pleased to have such a distinguished group of individuals acting in all areas of the battle against drugs in the Siouxland area. I also want to—before I introduce our distinguished members of the Sioux City City Council, I want to make reference to an article in the front page of the Sioux City Journal this morning.

The top left hand says:

"School Aims At Ban on Tobacco"—The Sioux City School District would become tobacco-free on July 1 under a ban being proposed by Superintendent Sally Bell. Tobacco products would be prohibited not only from the schools, but from district-

owned property, including Roberts Stadium, where high school football games are played.

I want to congratulate Sally Bell, the superintendent, for taking that position. I hope the school board will back her up, and I hope again that Sioux City takes the lead in doing this. I think that ought to be the law across the State of Iowa. And I think that the proposal here is one that I'm fully in back of. Tobacco is an addictive drug, every bit as additive as cocaine and crack, and maybe even more so, and just as injurious to our health. Former Surgeon General Koop said that tobacco is the No. 1 cause of death in our society today, addictive tobacco smoking. So I want to congratulate Sally Bell and those who are pushing to get this ban on tobacco in our—in our schools.

Again, let me thank everyone for being here. Let me thank West High School for giving us this wonderful auditorium to have our hearing in. And with that, I will recognize James Wharton, a member of the Sioux City Council and executive director of College Relations at Briar Cliff College, who has been very actively involved, I know from a personal basis, in the war against drugs in our area here in Siouxland.

SUMMARY STATEMENT

Mr. WHARTON. Thank you, Senator.

Senator HARKIN. Mr. Wharton, thank you for being here.

Mr. WHARTON. Good morning. On behalf of the city council and residents of Sioux City, I would like to, first of all, take this opportunity, Senator, to thank you for your availability and presence with us this morning. I think it's very important that you share some of your time with us to talk about the status of substance abuse here in the Siouxland region.

I think one thing that you'll learn today is that as a community, we have demonstrated that indeed a difference can be made when all of our resources and our determination are combined and aimed at a common enemy, a common target. The one issue, I think, that will be prevalent in most of the things that you hear today, the testimony from the other witnesses, is that there is an obvious need in Sioux City and in Siouxland, and that is the need for resources. We know the job that needs to be done, but unfortunately the tools and resources aren't available for us to do the job that we need to do.

First of all, I wanted to bring you up to date on at least my perception of what is happening in Sioux City on the status of this fight against substance abuse. I think the residents of this community are highly aware of the problems that we face. You can go to any neighborhood in Sioux City, any school, any community center, any church, and you're going to find the same thing: a group of parents, teachers, role models, and religious leaders who are all very much aware of what the problem is and what the goal is.

The goal, of course, is to direct our youth through those years when they're most vulnerable to the temptations of those who really have no concern for their welfare. So we are indeed, as a community, highly aware of what the threat is. We're now working to coordinate our responses to make them as effective as possible.

Some of the very positive things that have happened in this community include the formation of Siouxland CARES under the direction of Cheri Phillips and a very dynamic, aggressive board of directors. And Cheri will speak to you later today. And from my perspective, at least, as a city council member, I would say that Cheri and Siouxland CARES are the right people at the right time. To me, their group represents one of the most coordinated, most concerted efforts to get our young people—get to our young people while we can still make a difference. They're on their way to making some very significant achievements in our community.

The greatest challenge, of course, is one that's familiar to all of us, and that's, Where does the money come from to do the job properly? As elected officials, I think we need to ask ourselves, What do we need to do to enable Siouxland CARES to sustain the momentum they have developed? And I'm happy to say, as a member of the city council of Sioux City, we've taken some action in that regard.

About 2 or 3 weeks ago we appropriated $25,000 to Siouxland CARES to enable them to continue their good work. To me, it would be a very welcome sign to see the same responses from some other governmental entities in our area, such as Woodbury County, the State of Iowa, and of course, the Federal Government, if they would get involved in that same battle with us and put some money there to help this group do the job.

Always, the Sioux City Council has initiated an effort to create what we call drug-free zones around elementary, secondary, and postsecondary schools in Sioux City, and also all city parks. What that does is that anyone arrested and convicted of drug-related crimes, either the use of drugs or the dealing of drugs within certain distances around these areas, would face stiffened penalties. The penalties would be enhanced.

A lot of people say that's a very symbolic move, at best; but to me, the symbolism is very strong, and that's a symbolism that says, "Stay away from our kids." So the city council will be taking a look at that.

Also, the city has initiated, thanks to the efforts of Councilwoman Grueskin, who is here today, too, the "Report A Pusher" hot line; and the phone calls are coming in to our law enforcement officials and arrests are being made.

Unfortunately, I think, one of the problems is—is that as a city and its elected officials, we have not yet come to grips on what the correct response would be in terms of police manpower and some of those things; and that's an area where we've fallen down, and we do need to address that.

The Sioux City community has also taken a very proactive approach to the potential threat of gangs in our community; and when some of the reports started filtering in about the—the gangs in certain metropolitan areas around our region, our people didn't wait. They got organized and got to work before any of the gangs could set deep roots in our neighborhoods. Once again, the message was very clear that they're just not welcome in Sioux City.

So, as a community, we certainly are very much aware of the need to adhere to budget constraints. We all live with them in our homes and in our businesses. We're also aware of the common per-

ception that we send a whole lot of money to Des Moines and a whole lot of money to Washington, and one of the things we always talk about is, it would be a nice sign to see a few more of those dollars heading back west to Sioux City. And a good place to start that trend, I would say, would be some additional assistance to battle this substance abuse issue.

One thing that I've said, Senator, and I think has—you'll hear today, too, from some witnesses, at least I hope, is the work of our Federal drug task force. I believe we've got a good group on board here, but the problems arise at times on these boundaries that you talked about in your opening statement.

The geographical boundaries are certainly there among Iowa, Nebraska, and South Dakota; and there is a lot of psychological barriers that exist there, too. I think we have a very aggressive law enforcement system in this area. The problem is, is that a lot of these people are able to run and hide because we can't get to them because of some of the jurisdictional issues.

And one thing you mentioned in your statement, which I think is one of the most positive things I've heard in a long time, is the additional availability of these DEA agents. If—if the House approves that and we're able to secure the efforts of a full-time DEA agent in Sioux City, then I think you're really going to see some progress that will make a whole lot of difference. And we look to you, Senator, and to our congressional delegation, encompassing Iowa, South Dakota, Nebraska, to wage the effort to get that done. We applaud your efforts on our behalf up to this point.

So, in conclusion, I want to thank the committee on behalf of the city of Sioux City for holding this hearing here. I think it gives you a good indication of what positive actions can be taken when the resolve of the community is directed toward this common goal, and we invite you to join us in the effort. The system and the people are certainly in place, Senator. What we need to do now is get them the help they need to succeed.

And I thank you once again.

Senator HARKIN. Mr. Wharton, thank you very much. And again, I just say that I can't think of a better place to focus this kind of attention than here, where you've got the two things really exemplified: One, the problem in the three-State area, the jurisdictional problems; but also the other part, where you've got people that are really committed and really want to work together, and they've taken very progressive and aggressive steps to address the problem of drugs. So you've got those two things, and so this is a very unique area in which we've got to work to overcome those jurisdictional boundaries and those jurisdictional barriers.

Mr. WHARTON. Thank you again, Senator.

Senator HARKIN. We'll do what we can. I have some other things I want to share with you later on, with sharing in terms of possible uses of Federal funds and things like that. But again, my thanks to you, Mr. Wharton, for your work and your reference in this regard; and my congratulations to the city council for providing additional money. I know how tight budgets are in local efforts.

Mr. WHARTON. That's right. Thank you, sir.

STATEMENT OF TOM MULLIN, WOODBURY COUNTY, COUNTY ATTORNEY

Senator HARKIN. If we could have our panel come up now, I'll just name them as they come up and just ask them to come up.

Tom Mullin, our Woodbury County county attorney; Gerald Donovan, chief of the Sioux City Police Department; Kermit Dahlen, St. Luke's Gordon Recovery Centers; Gerry Alberts, elementary guidance consultant for the—Siouxland Area Education Agency, and Cheri Phillips, for Siouxland CARES.

We'll—again, I want to thank all of you for taking time from your busy schedules to be here this morning. I've read most of—well, all of the written testimony that I have in, I've read; and I appreciate that, on your behalf, of making those available to me. And again, I appreciate your being here to share with us your thoughts and concerns and suggestions.

First I would recognize the Woodbury County county attorney, Tom Mullin. I've worked with the Woodbury County county attorney from 1988. He formerly served as assistant county attorney. And County Attorney Mullin testified before this subcommittee in July of last year when we had a hearing in Des Moines, and you were focused more, at that time, just upon the need for additional funds for local prosecution and law enforcement. And Mr. Mullin came to Des Moines at that time to testify before the subcommittee.

So it's a pleasure to have you back to meet with us.

Mr. MULLIN. Good morning, Senator. Senator, thank you very much for coming to Sioux City to listen to our concerns.

As Woodbury County attorney, I serve as chief criminal prosecutor and chief law enforcement officer for the most populous county in northwest Iowa. The abuse of drugs, including alcohol, is a factor in most crimes committed here. Now, that's nothing new. But in just 2 or 3 short years, Senator, the illegal drug problem in northwest Iowa has more than doubled in scope.

This sudden onslaught has sorely strained local resources. The problems we now face could reach crisis proportions. Now is an especially critical time for us. Without the Federal help we need, I fear that these worsening problems in our area might easily become entrenched and perhaps unsolvable.

Sioux City serves as the major distribution center for drugs used illicitly in northwest Iowa. Most drugs coming into or being funneled through the Sioux City area arrive directly from California and Mexico, in the case of cocaine, and Oklahoma, Texas, and California in the case of crank or methamphetamines.

Cocaine and methamphetamines have captured the lion's share of our area's drug trade. The purity of these drugs sold locally is much greater now than in the recent past, which indicates to us that local drug traffickers are now much closer in the distribution chain to the centers of drug manufacturing and drug processing.

We know that crack cocaine and the methamphetamine known as crank are being produced here in our area. Locally, more drug dealers are selling purer, more dangerous, and more highly addictive drugs to more and younger drug users, despite the fact that last year my office sent, on average, a drug dealer to prison every 20 days.

Crack cocaine is being sold to the children here. Illegal drugs are being used by pregnant women here. LSD and PCP are being sold to children here. About 20 babies, and in all likelihood, many more than 20 babies were born drug-dependent here last year. Adult criminals here are using children to commit burglaries and then paying them off with illegal drugs; 15-year-old children here are becoming intravenous crank users. One boy here shared a needle with an adult user who died recently from AIDS.

Last week, a local juvenile court officer told me, and I quote:

> In my 14 years of experience in the juvenile justice system, I have not witnessed the levels of drug abuse by injection that I have seen just in recent months.

Sioux City has recently experienced gang activity, as Councilman Wharton alluded to earlier. We believe we've temporarily shut down the worst gang activity here through aggressive coordinated police work and prosecution, but we have reason to expect increased gang activity and gang problems in coming months.

Senator, the situation I have been describing to you is getting worse. Our problems are compounded badly. They're compounded by badly strained local law enforcement budgets, by not having enough drug treatment resources, and by geography.

Our geographic location compounds our problem in ways not experienced by Des Moines and by some other areas of high population density. Our location near the borders of three States badly complicates local antidrug and local law enforcement efforts. Drug traffickers do not respect county lines and State boundaries, as you mentioned.

The jurisdictional complexities faced by our tristate metropolitan area—and that's Woodbury County, Iowa; Dakota County, Nebraska; and Union County, South Dakota—are made worse by our three States' capitals' chronic inattention to problems faced by faraway corners of their States.

And, to make matters worse, despite your good efforts, Senator, the Federal Government continues to renege on its 2-year-old promise to assign a full-time Federal drug agent to our local task force; and we can't tell you how pleased we are to hear the success you've had with your bill in the Senate, and we pray the House passes that bill. We need that agent so badly.

Senator, the only realistic chance for reversal of these alarming trends will involve quick, meaningful government action. Northwest Iowa communities need immediate and substantial funding first to hire more police officers to investigate drug trafficking and arrest more drug dealers, and second, to provide long-term community-based solutions involving more affordable and more available drug treatment resources and expanded drug abuse education programs. And by community-based, I mean giving greater local control in choosing which particular solutions will best match local needs, our needs.

The singular area of hope about which I can testify concerns community attitudes. And you've heard just a little bit about that so far. Locally, citizens' support for drug-free communities is getting stronger every day. More northwest Iowa children are involved with the "Just Say No" school programs. More parents are joining alcohol and drug abuse prevention "Parenting Networks."

And since the start of Sioux City's "Report A Pusher" Crimestoppers Program last April, citizen telephone tips concerning criminal drug trafficking activity have increased fourteenfold.

In short, our children want to say no to drug and alcohol abuse, and our neighborhoods and our communities want to rise up against drug traffickers and throw them out. But our children and our communities cannot begin to win the war against drug abuse without immediate and substantial Federal financial assistance.

Senator, without such urgently needed help, I think we will all lose. Thank you, again, for coming here and listening to us.

Senator HARKIN. Mr. Mullin, thank you very much for your very forthright and, I think, very sobering statement and assessment of the situation.

STATEMENT OF GERALD DONOVAN, CHIEF OF THE SIOUX CITY POLICE DEPARTMENT

Senator HARKIN. Next we'll turn to Chief Gerald Donovan of the Sioux City Police Department. He's been Sioux City Police Chief since 1980 and is a graduate of the FBI Academy.

Chief Donovan, it's a pleasure to have you here. And please proceed.

Chief DONOVAN. Thank you, Senator. I was pleased this morning to hear your announcement about the availability of DEA agents. That's what I'd like my testimony here this morning to cover: our need for that agent.

Senator HARKIN. OK. I'd like to know more.

Chief DONOVAN. Senator, at the present time, the Sioux City Police Department has a sergeant and two patrolmen, along with one Woodbury County deputy sheriff, involved in the investigation of narcotics in Sioux City and the outlying areas.

We also work closely with the Nebraska State Patrol Special Agent Doug Johnson, when we work across the river in Nebraska. Currently, the only contact that we have at all in South Dakota are narcotics—is a DEA agent in Sioux Falls, South Dakota, Special Agent Larry Johnson.

We also coordinate activities with the Iowa drug agents, one of which is located here in Sioux City.

Many defendants that we investigate operate not only in Sioux City, Iowa, but also in Nebraska and South Dakota, and travel extensively out of the tristate area to acquire narcotics and to transport them into Sioux City.

We have been a major crossroads for narcotics coming into the tristate area, extending as far as Sioux Falls and into the Iowa Great Lakes area, and also into Nebraska. We have not had a drug enforcement agent stationed in Sioux City. We have been forced to utilize the assistance of the DEA agents in Sioux Falls who have the responsibility of most of South Dakota and also several northwestern Iowa counties.

For that reason, it is difficult for them to assist us because of their heavy caseload in their own areas.

In Iowa, the nearest drug enforcement agent is in Des Moines, where they are involved extensively in the Des Moines metropolitan area and in Cedar Rapids, as well as eastern Iowa. We have initiated a Federal task force in Sioux City in the summer of 1989

utilizing the three city agents, the Woodbury County deputy, and the State drug agent on call. No Federal agent was forthcoming with any assistance at all. We do not have a DEA or an FBI agent assigned to this task force. We currently do not utilize the assistance of Nebraska or South Dakota agents.

The Sioux Falls DEA agents are responsible to assist the Federal task force when needed and are not here onsite to supervise. This does cause difficulty in organization and purpose, as well as funding.

This is one of the reasons that we feel that a DEA agent onsite can be of great benefit in organizing this task force, as a lead agent and also coordinating our activities, not only in the Department of Narcotics, but also in Woodbury County, the Nebraska State Patrol, and the South Dakota State drug agents. A Federal agent would be of great assistance in coordinating efforts with the Internal Revenue Service and customs officers as far as investigating financial backgrounds, tracking assets, determining patterns of drugs coming into the area from the Southwest United States and Florida, as well as from Texas.

We currently do have an assistant U.S. attorney assigned to this task force to assist in the prosecution of drug cases, as well as developing cases for asset seizures. We also feel that a drug enforcement agent could assist the U.S. attorney in areas of asset seizures, as well as providing training for local drug agents in the field of drug investigations, building conspiracy cases, checking financial backgrounds, and other investigative techniques used in stemming the flow of drugs into our area.

It is also felt that a Federal agent could assist in the financial end of drug investigations as far as supplying buy money and informant expenses.

We have currently been contacted by counties in northwest Iowa expressing an interest in developing their own drug investigation capabilities; and they have requested assistance from us as far as training and working in cooperation with the Sioux City Police Department's narcotics unit. A DEA agent onsite, stationed in Sioux City, could assist in these efforts and work with these rural county sheriffs' departments in northwest Iowa to train and educate their officers in the area of narcotics investigations.

Also, at this time we are currently embarked on a plan to work with the local airport, in the form of drug interdiction with State agents utilizing drug-sniffing dogs to inspect the luggage and to identify persons we feel match the profile for drug traffickers coming in and out of the Sioux City area with narcotics and with drug money. We also wish to expand our capabilities to the express carriers and to the U.S. Post Office, who has just joined us in a cooperative effort to attempt to locate drug packages coming through the mail.

We are sorely in need of a DEA agent to assist us in this effort, as well as in the training to conduct these types of investigations. We feel that if we did have an agent stationed here in Sioux City, we most certainly could increase our effectiveness and thereby have a greater impact on the flow of narcotics coming into northwest Iowa as well as Nebraska and South Dakota.

Thank you, Senator, for having us. I appreciate it very much.

Senator HARKIN. Chief, thank you very much. I just mentioned, when I was here last one time last summer, also contacted by you, by County Attorney Mullin, and others, I wrote a letter dated August 2 to the U.S. Attorney General, asking for an additional agent here in Sioux City.

I received a letter back September 18 from the FBI saying that, basically, they weren't going to do it.

And so then the entire delegation from Iowa and Nebraska and South Dakota all wrote a letter to Reggie Walton, the Associate Director of the Office of National Drug Control Policy, pointing out the problems in the Siouxland area and again asking for additional funding and the agent that we need here in this area.

We did not receive even a reply; so we went back to him again, and I know others talked to him. I know that Congressman Grandy talked to him specifically. I called him; the Senators from Nebraska and South Dakota called him. And Walton is going to be here in Sioux City in March, if I'm not mistaken. So we have been putting a lot of pressure on them to come up with a DEA agent in this area.

As a backup, I have the bill we talked about, which I hope to get through. And even if he does put an agent here, we need more agents in rural America anyway. So we're going to go ahead with that one way or the other. On January 22, we wrote a letter to Bennett as another followup letter, asking for their help in getting another agent here; and that was signed by a number of Senators from rural areas, so we've been continuing to beat up on them.

Chief DONOVAN. Senator, we recognize that, and certainly appreciate your efforts.

Senator HARKIN. So I hope when Walton comes out here he'll have have good news for us.

Chief DONOVAN. I do, too. Thank you.

STATEMENT OF KERMIT DAHLEN, ST. LUKE'S GORDON RECOVERY CENTERS

Senator HARKIN. Next we'll go to Kermit Dahlen, president of the Gordon Recovery Centers, which is a comprehensive approach to drug treatment at St. Luke's. Gordon is a place that is a recipient of our honor roll for their work in the comprehensive approach to drug treatment.

I just want to point out that our staff person Amy Schultz, who is on my subcommittee staff, will be visiting there later today. And I wanted my committee staff to get a good look at what you're doing out there, too. So, welcome, and please proceed.

Mr. DAHLEN. Thank you, Senator. What I'd like, before I address my formal remarks here, is to state that although I am to give testimony as a treatment provider, I would like to support the testimony already provided by the first two gentlemen, in terms of I believe it's very important that the law enforcement issues that have been raised by Tom Mullin and Chief Donovan are addressed, because I think they're—we have a grave problem, and without that added resource we're going to be in serious problems here in Siouxland.

But to get back to my specialty, and that is the treatment, I'd like to say that, as always, there's good news and there's bad news.

And I'd like to spend a little bit of time first talking about the good news and then spend a lot of time talking about the bad news.

Siouxland is a unique community, in that the infrastructure necessary to wage an effective war on drugs is already in place. We have law enforcement personnel that are talented, committed, and willing to coordinate with one another. We have prosecutors willing to make the cases. We have local government officials willing to access resources. We have an exceptional educational system. We have comprehensive treatment services second to none in the country. And, finally, we have a community organized and committed to a drug-free Siouxland.

The bad news is, first, we have—Siouxland's three State boundaries creates a wall of resistance. The biggest problem the boundaries create, from a treatment perspective, is an access problem. Sioux City, Iowa, is the center for alcohol and drug treatment for the region, but persons without health insurance or personal financial resources who live in South Dakota or Nebraska cannot receive the assistance they need in their own community. Non-Iowa residents then have to travel long distances outside the community to receive this treatment.

This hardship not only affects the patient, but also the patient's family. There exists a consensus in the treatment community that effective treatment involves the entire family. Traveling outside the area oftentimes precludes such family involvement. If we're going to meet the needs of the people of Siouxland, I believe we must do regional planning and perhaps regional funding of treatment.

Second, the poorly defined enemy is another obstacle in the way of Siouxland's war against drugs. The biggest problem in this area, in my opinion, is that—is that while alcohol is the No. 1 drug in Siouxland—No. 1 drug problem in Siouxland, as well as the Nation, it has been purposely excluded from the nationwide war. We in the State of Iowa have merged drug and alcohol State agencies and spend millions of dollars educating the people that alcohol is a drug. Now the Federal Government has created a executive post which directly contradicts this position.

Third, lack of resource personnel is an important problem. Treatment needs are quite complicated. For example, while we definitely have a lack of treatment dollars, I do not believe that there is a shortage of treatment beds or outpatient slots, nor do I believe there really are the waiting list problems that everyone keeps talking about.

I believe we have an access problem which stems from our inability to come up with an effective way to provide financial support to those who really need help. For example, there currently is a myth operating with Iowa's publicly supported substance abuse system. The myth is, is that there is a two-tiered system of service providers: the private sector programs, which treat those that can pay, and the public sector programs, which treat those who cannot.

This could not be further from the truth. The reality is, is that there is no real public sector programs that treat alcohol and drug addiction, other than the State mental institutions. There are a number of private not-for-profit corporations in the State of Iowa that receive support from the Iowa Department of Public Health,

Division of Substance Abuse. However, these programs also compete for the patients with insurance and the financial ability to pay.

This creates a competitive, rather than cooperative, atmosphere between the programs with public substance abuse dollars and those that do not. It also creates a system that restricts choice by the parents—patient that may create a need for the patient to leave their community to receive the publicly supported treatment. This system also encourages—may encourage treatment at inappropriate levels of care.

I might add here that I happen to be a CEO of a program that receives significant State and Federal dollars—and I probably should keep my mouth shut and not bring this issue up, because I would risk those dollars—but I believe patients would be better served by a different system. The current system made sense and was appropriate for the time and circumstances under which it was developed, but I believe it is now time for it to be reevaluated.

Perhaps we could look at a system based upon regional planning which addresses the specific needs of that region. Treatment dollars then could be allocated to a regional planning or coordinating body to be administered. Patients would choose to receive services from any of the approved/licensed facilities, which would build a treatment fund for the services rendered. Reimbursement rates would have to be established similar to current DRG system. Specific admission, discharge, and continued-stay criteria would also be necessary. Prevention education and specialty programs could remain under an RFP grant system.

While this system would not eliminate competition, it would create competition based upon quality and cost of services rather than the myth of the private/public—private/public dichotomy. Perhaps Siouxland would make an excellent demonstration project site.

Another of resource deficiency is in the area of minority programming. There appears to be a belief that there are no minorities in Siouxland. Siouxland has a rich history of racial and ethnic diversity. The racial and ethnic minority is quickly growing, and if we do not recognize this and plan for this regional enrichment, our lack of planning may take this opportunity from us and create a problem.

Racial and ethnic minorities have special treatment needs regarding the problems of substance abuse. If we are to adequately and respectfully address these needs, we need additional resources.

Tristate cooperation and planning is essential if we're going to adequately provide services to our minority populations. The lack of specific minority substance abuse services is one of the most significant problems we face in the treatment arena here in Siouxland. I believe Siouxland CARES would be a very appropriate group to organize a minority committee to assess this problem and to generate a tristate strategy to address this situation.

Another significant problem we face in Siouxland, and the Nation, I believe—believe, is disease discrimination. Being an employer, I am very concerned with the cost of health care and how it relates to the increasing health insurance costs. What frightens me, however, is how we, as employers and insurance companies,

have singled out substance abuse and mental health problems and have arbitrarily created limitations on the coverages of these diseases. There seems to be a movement to limit the inpatient days per lifetime, as well as to limit the number of outpatient visits. The message seems to be, "We're going to give you one chance to get your act together, and if you don't, you're on your own."

I know that we employers don't intend to give that message and that we're only looking for responsible ways to control our costs, but I believe what we need to do, rather than arbitrarily limit coverage, is to standardize criteria for admission, discharge, and continued stay for all modalities which are shared with treatment providers, and then reimburse expenses as any other illness, knowing that some individuals will need repeated treatment in a variety of levels of care while other individuals will need limited treatment intervention.

The current reimbursement attitude creates, in my mind, a clear trail of discrimination that leaves in its wake a significant number of people who are employed but financially unable to receive the treatment that they or their family so desperately need. I believe this issue needs to be studied by a multidisciplinary group, including employers, labor, physicians, addiction specialists, providers, and third-party reimbursers. At the same time, I think the Medicaid system should be changed to provide for substance abuse treatment. If we are ever going to solve this problem in Siouxland, a new, creative partnership between States, as well as the private and public sectors, needs to be forged.

In summary, we have good news and bad news. The good news is that Siouxland is committed to making an organized attack on the substance abuse problem, and the infrastructure is in place to do an excellent job.

The bad news is, No. 1, the State boundaries create an access problem, as does the current system of program funding.

Second, minorities have special needs, and they need to be addressed.

Third, regional planning is difficult and needs to be supported by the three States and Federal government, and funding formulas may need to change to allow for this regional planning.

Fourth, many—not all—insurance companies and employers are practicing disease discrimination, and Federal and State medical assistance programs need to be expanded to—need to include substance abuse coverage.

I understand that many of the issues I have raised are complicated and cannot be adequately covered in this short presentation. I do appreciate the opportunity, however, to raise these issues in this forum.

I would like to thank Senator Harkin for his commitments to help solve the problem of substance abuse and to making sure that Iowa gets her fair share of Federal resources. And I would also like to offer my willingness to attempt to provide additional clarity to the problems I have enumerated.

Thank you, Senator, for your time.

Senator HARKIN. Mr. Dahlen, thank you very much for an excellent statement; and we'll get back to that a little bit in questioning.

STATEMENT OF GERRY ALBERTS, ELEMENTARY GUIDANCE CONSULTANT, SIOUXLAND AREA EDUCATION AGENCY

Senator HARKIN. Next we'll turn to Gerry Alberts, elementary guidance consultant, Western Hills Area Education Agency, who has served since its creation in 1975. And Ms. Alberts previously worked as an elementary guidance counselor and teacher.

Ms. Alberts, thank you very much for being here; and please proceed with your testimony.

Ms. ALBERTS. Thank you, Senator. Children today are growing up in a world dramatically different than the world in which we grew up. Today many forces compete with the family as a source of children's values and ideas. Television has become a leading educator of children, for better or worse. Children are exposed to wide range of messages from the mass media today that often conflict with traditional family values and with each other. Growing up is not only more challenging, but more confusing than it used to be.

Some families still hold to the traditional patterns and values. In many families, however, the parent or parents are so consumed with their own problems and with making a living that they have little time left for their own children. Interaction between children and adults is often limited to just a few minutes a day, and often that is used for giving orders, criticism, or other negative kinds of conversation.

With families spending less time together and relatives often living far away, the traditional support networks are less likely to be in place. Some children, without strong family support, look to their peers for guidance. These children are at much higher risk of becoming alienated and developing problem behaviors, like poor school performance, drug use, promiscuous sexual activity, and delinquency.

The impact of growing alienation and peer group dependence among today's young people has been dramatic. In a national trends projection—it came out of Children Today, the May-June issue, 1987—it suggests that if present national trends continue, in a 40-member class that should graduate from high school in the year 2000, 2 class members will give birth before graduation, 8 will drop out of school, 11 will be unemployed after graduation, 15 will be living in poverty. By graduation, 36 will have used alcohol, 17 will have used marijuana, and 8 will have used cocaine. Six will have run away from home, and one will have committed suicide.

Until recently, the emphasis has been on intervention and remediation after the problem exists. But by the time a child reaches seventh or eighth grade, he or she may already have made unhealthy decisions which lead to nonproductive behavior.

I asked some—a few elementary counselors in our area to take a short little survey of their fourth and fifth graders. The numbers are not great, but I'll report the results anyway.

To the question, "Have you ever tried beer or alcohol?" fourth graders—52 percent of the fourth graders said "yes," they had; 64 percent of the fifth graders.

To the question, "Have you ever used tobacco products?" 8 percent of the fourth graders, 21 percent of the fifth graders.

To the question, "Have you ever used marijuana or other illegal drugs?" none.

To the question, "Do you think you ever will use beer or alcohol, tobacco products, marijuana, or other illegal drugs?" the fourth graders said—36 said "yes, they would probably;" 50 percent of the fifth graders.

"Has anyone ever tried to get you to use those items?" 17 percent of the fourth graders, 25 percent of the fifth graders.

Again, the numbers are not very large, but kind of interesting that—and I think shows that the earlier we can begin prevention programs, the better we are—the better chance we have to help children stay drug-free.

Children who have high self-esteem, who have a feeling of belonging, who have the skills to get along with other people, communicate effectively, solve problems, and say no to negative influences will be far better able to have successful, healthy relationships at home, at school, among their peers, and throughout their lives.

There are several comprehensive prevention programs being used in the schools in South Dakota, Nebraska, and in Iowa. I have brought samples of them. They're on that ramp over there, if anybody would care to take a look at them. I didn't bring them all, but just samples of them. The Mendez Program, which is the ME-Ology at the elementary level; Clear Choices Program at the middle school/senior high level; the Lion's Quest program; Project DARE, which is a police officer going into the classrooms and talking with children; Guidance Curriculum Program at the elementary level, middle school level, and senior high level.

There are many curriculums that counselors are using in schools with the students. Also, teachers are doing a lot of prevention programs. Counselors also do classroom units on various topics in the prevention area and small group counseling groups: skill building, some remediation, mostly self-esteem groups.

All of the programs that I've mentioned—and I should mention also the health curriculums. There are some comprehensive health curriculums being used in the area, either to supplement the ones I've mentioned or standing alone.

All the programs focus on self-assessment, decisionmaking, peer pressure, getting along with others, communication skills, problem-solving; and some of them talk about substance awareness.

There are "Say No To Drug" groups, as someone earlier mentioned; peer helper groups; speakers; workshops; retreats. Some school districts are adding that to their prevention programs. Parent networking groups, parent education groups, teacher in-service programs. The Student Assistance Program is in many schools. The school counselor is generally seen as the person with the professional training and background to coordinate prevention programs, to be a resource to those involved in conducting the programs, and to facilitate awareness training to staff and education programs to parents.

In Iowa, it is my opinion that one of the biggest steps Iowa has taken recently in the area of prevention is to mandate elementary counselors. What they didn't do was to fund that mandate, and also they did not specify a ratio, so we have some districts with 250, 300 students to 1 counselor, and we have others with over 1,000 to 1 counselor.

At the elementary level, prevention is the major focus of the counselor's time. The lower the ratio of students per counselor, the more effective the prevention portion. The added benefits of lower ratio are that of having more time to assist children with their problems, consult with teachers, administrators, and parents.

Before children are old enough to have already made unhealthy decisions, we must help children learn and practice effective thinking and social skills that lead to positive behavior. The earlier, the better.

And I am—I thank you for your support of early prevention programs, which I know you do. Thank you.

Senator HARKIN. Thank you very much, Ms. Alberts, for that testimony. Now, I want to get back to the mandate of the counselors a little bit later on the State level.

STATEMENT OF CHERI PHILLIPS, SIOUXLAND CARES

Senator HARKIN. Next, Cheri Phillips, president of Siouxland CARES, 1987 to February of this year. She also serves as prevention specialist at the Gordon Chemical Center. Siouxland CARES is also a recipient of our honor roll for all that they've done in combating drugs.

I'm delighted to have you here. Please proceed.

Ms. PHILLIPS. Thank you, Senator. I want to thank you, again, for returning to Siouxland and giving us an opportunity to present our unique situation to you. I want to start by saying right now I feel a very big responsibility for speaking on behalf of many, many citizens of the Siouxland area. That feeling of responsibility, coupled with battling my own cold—I hope that my voice holds out through this brief presentation.

Siouxland CARES is a broad-based community task force. CARES is an acronym for communitywide awareness, resources, education, and support. We were formed originally in 1987 as a result of a very intensive week-long seminar held here in Sioux City.

The philosophy of CARES is based on the community of—community intervention model, and that model simply states that the community must mobilize all of its resources in order to wage a successful campaign against substance abuse. And a successful campaign can only be accomplished through mobilization, cooperation, coordination, and strategic planning among all segments of the community.

By that, I mean the health care systems; the law enforcement and judicial systems; the business and labor communities; the social service and mental health communities; the educational systems; the treatment, self-help and support communities; the governmental bodies; our civic and service organizations; churches and religious communities; our youth; and our family unit.

We have made a diligent effort to have representation of all of those subgroups on our CARES task force.

I want to say that over the last 3 years, I have been touched by and impressed by the cooperative, caring, and committed people on this task force who generously share their time, expertise, and talent. Many of those people are here today.

We do recognize that we have some gaps in our representation at this time, and minutes will reflect—minutes of our past meetings will reflect that we have attempted or talked about solutions to that. Just recently, our new president, in reorganizing our committees, did give a charge to all committee chairs to be very sensitive to filling committee places with people from the entire tristate area, as well as being extra sensitive to our minority population.

We have been working on a lot of things, and today what I'd really like to share with you is what we have planned for the next year or so. We're getting—we're moving forward more aggressively than we have in the past. We hope to do a community service of assessing where our community is and how well each of these subsegments are doing.

Each segment has a significant and crucial contribution to make, and we intend to conduct an extensive community assessment. Through this assessment process, we hope to assist each subgroup in clarifying exactly what their own roles and responsibilities are. We also hope to encourage them to develop their own plans of action.

We intend to survey each subgroup in the areas of information and education activities, alternatives, social policy, intervention skills, and support activities for assessment, treatment, and aftercare support.

When all subgroups are conducting activities in each of these areas, our community will be truly mobilized and could be considered a community that's competent if dealing with these issues. Our mobilization efforts should result in the following: consistent justice in the prosecution of alcohol and other drug-related offenses; increased community awareness and knowledge of chemical dependency; improved early identification and referral skills within our community; legislative changes that we feel are necessary; coordination of substance abuser awareness and educational activities throughout the Siouxland area; and an ongoing evaluation process of both the process and progress of implemented programs for effectiveness in demand reduction.

The end result of those mobilization efforts should result in a very coordinated effort.

The assessment, the networking, those kind of activities that will go on will provide a hub where our community can share information with each other, check to see who's got a good program going, how we can learn from each other, how we can better utilize both time and money resources.

We feel it's very important to make very clear that Siouxland CARES intends to address all forms of substance abuse, the illicit drugs as well as alcohol and prescription drug abuse. We also intend to address all ages. Frequently, we address just adolescents, but it's true that we have a substance abuse problem within our adult population.

All forms of substance abuse contribute to the social, physical, intellectual, emotional, and spiritual bankruptcy of our citizens, our families, and our community as a whole. Siouxland is no longer willing to tolerate the devastation caused by unacceptable levels of substance abuse.

Our primary focus over the next years, thus, will be on education and awareness. When I speak to education, I'm not talking about a K-through-12 curriculum, but I'm talking about a total community education. It is important that all of the people in Siouxland, all of the people who represent those subgroups, be able to understand the dynamics of addiction and be able to recognize the difference between use and abuse and be able to comprehend chemical dependency as a disease. They need to develop good intervention skills and become very familiar with our local resources. We need to understand the concept of enabling and how that is manifested in our community; and we need to examine our own use of our own leisure time.

By working cooperatively together, it is hoped that informational and skill-building workshops and seminars will be held in Sioux City for the benefit of clergy, lawyers, judges, law enforcement officers, social service workers, teachers, parents, business leaders, government officials, and others.

We hope to provide our community with a networking newsletter that will be utilized to keep people of the Siouxland area informed of legislative issues, workshops or seminars, alternative activities, special unique programs that are going on for youth and adults, resources, and information about substance abuse. We are currently undergoing the beginnings of a highly visible public awareness campaign, and this has developed to promote healthy community norms around substance abuse as well as create an awareness of Siouxland CARES. Further, we hope to establish a library of educational books, videotapes, pamphlets, and other educational materials. We are looking for a way to make those materials more accessible to all our public, and we will use our own public library for that.

We also have an effort underway to begin to work more closely with the youth of our area. We don't want to do things for and to kids. We want to do things with our youth. We're looking for ways to help our students. We're looking to ways to include high-risk groups as well as other groups in our area. We're looking for ways to develop good leadership skills, to get involved in our community through volunteers so they can understand they also have a significant value in our community, and to help our young people make good decisions about wellness and develop healthy life styles.

We also hope to approach a tristate effort. We have not done that in the past, but we are aware that we have very close neighbors in South Dakota and Nebraska. Because Siouxland is divided by two rivers into three different States, it's going to create a real unique problem for us. This is a unique geopolitical situation, and the number of legal and political jurisdictions which need to become involved increase and complicate mobilization efforts.

Considerable care and skill and attention will be required to maintain pathways of coordination, cooperation, and mutual interests for a problem that really knows no boundaries. It will be a challenge for citizens' groups to work with the unique differences of our three communities, to help bring about real consistent norms and standards of behavior.

Also, working through a tristate effort will help involve all—more important—citizens. This type of effort can and should maxi-

mize citizen ownership. It is not a governmental body that's going to make a difference and change what's happening in our country today, but it's going to be the coming together of thousands of citizens; and I think that has really happened in Sioux City and the Siouxland area.

I have spelled out a real complicated problem, a big problem, and sometimes it has felt like an octopus; but I believe if we move forward with strategic planning and work cooperatively together, we can make a real critical difference in this area, and Siouxland can become a role model for the rest of the country.

Siouxland CARES does not intend to become a fund-raising organization, although we do need some funds to begin to do some of the things that we have outlined. We are committed to staying a citizen- based and volunteer-driven organization, because we believe that's the most effective way we can do that. However, our efforts are going to—will make it necessary for us to develop some expenses: a staff, office, phone, secretarial support, those kinds of things.

What we hope to do in the future with funds is help direct them in the appropriate places in the community. If it's a Federal drug agent that we need—and we do believe that—we hope to help put the pressure on and help see that that happens. If we need expanded services, both for children in our community and minorities or elderly, we hope to work cooperatively with the treatment agents to see that they get what they need.

If we need better curriculum and more teacher training for our elementary and secondary schools, we hope to work cooperatively with the educational system to see that it happens; and we will try our best to work with the adults in our community as far as bringing about the kinds of education that they also need.

That's the end.

Senator HARKIN. Thank you very much. I had read your testimony prior to this morning and talked with my staff. It occurs to me that we started the program just this year, which I put into the appropriations bill. I wanted to—I wanted to start demonstration programs for the kind of thing that you're talking about, communitywide, comprehensive types of programs.

And I put report language in the bill. Let me just read it to you.

"Community prevention grants. The committee has provided $40 million"—and by the way, that was up to $50 million with our supplement, so we have $50 million—"for a new program of community prevention grants."

"The community"—I'm skipping a little bit here:

> The community prevention program fund will be awarded to community-based coalitions representing parents, schools, businesses, academia, and youth or other at-risk individuals. Communities will convene prevention coalitions, coordinate public and private sector resources, and develop and implement model prevention plans to provide support services, counseling, and other prevention activities. Emphasis will be placed on substantial voluntary participation in the community and evaluation of programs to determine their effectiveness.
>
> It is expected that the models involved could be replicated in additional communities throughout the Nation. The committee has provided funds for up to 20 demonstration grants. It is the committee's intent that OSAP, the Office of Substance Abuse Prevention, will place a high priority on proposals developed by communities where drug abuse is growing but may not have yet reached crisis proportions.

It is the committee's belief that these communities stand the best chance of benefiting from prevention activities.

So there is a program in place. It is brand-new. It just started this fiscal year. There's $50 million there for up to 250 grants. It's run by OSAP. The program offers grants of 200,000 to 500,000 a year for up to 3 years to community coalitions that want to develop a plan to prevent the spread of drugs in their area.

By the way, I also want to add: This includes alcohol. Whenever I say "drugs," it includes alcohol prevention. The coalitions can include police, parents, churches, any organized group, as I just read there. What I'd like to do is just have you contact the Office of Substance Abuse Prevention, OSAP. I'll give you the phone number: 301-443-0835. And the contact is Myles Doherty or Kent Augustson, A-u-g-u-s-t-s-o-n.

And I might also point out that OSAP conducts technical assistance workshops and will help would-be grantees apply for these grants. Besides, Amy Schultz, who is sitting right here, will also help you. This is specifically why I put this money in there, just for these kinds of programs to get this kind of involvement on a communitywide basis of volunteers and get them active and give them some kind of help and assistance over a 2- or 3-year period of time, and then use that as the basis for showing other communities around the country.

I don't know if you were aware of that program, and if not, I hope you'll contact these people, I mean, even maybe yet today, and we'll help get your grant and get it in there. It's my opinion that we can be very helpful on that.

Ms. PHILLIPS. Thank you very much, sir.

Senator HARKIN. Sounds like something that Siouxland fits right into that.

Ms. PHILLIPS. It does.

Senator HARKIN. Like I said, any help we can get you, let us know.

Thank you all very much for some very fine statements. In a broader context, I would like to know from each of you: Exactly where do you get your Federal moneys and State moneys for the various areas that you're involved in?

And do you have any idea how much it might have been in the last year or what was coming ahead?

In terms of prosecution, Tom, where do you—what kind of moneys come down to you, and where does it come from?

Mr. MULLIN. Senator, I don't have any dollar figures, but we get the money for the Federal Drug Task Force, through the Office of the Governor of Iowa.

Senator HARKIN. Does that come through the task force office?

Mr. MULLIN. Yes, it does, Governor's Office on Substance Abuse and those are matched dollars. We provide local dollars to match some of those funds, and the State provides some funding also.

Senator HARKIN. I see. I just asked you a question which I have the answer for, I guess. I know it myself here. For fiscal 1981, $54,639 for the organized crime and narcotics task force.

Mr. MULLIN. Right. Right.

Senator HARKIN. There should be more this year, I would assume.

Mr. MULLIN. We got a few more dollars this year, I believe, that the county then, I believe, matches 50 percent.

Senator HARKIN. County has to match that on a matching basis.

Mr. MULLIN. Yes.

Senator HARKIN. I see. That's a prerequisite?

Mr. MULLIN. Yes, it is.

Senator HARKIN. So if you had a drug problem in a county that didn't have much—was having hard economic times or something, you might be kind of in a bind.

Mr. MULLIN. That's precisely the point. Also, not only in Woodbury County, but also across the river—Dakota County, NE, and Union County, SD—problem of their—the fact of their geographically being located next to Sioux City, and especially, I think, Union County, SD. It has a very large—areawise, a large county, but small population density. So they don't have the tax base to cope with the problems that are created by drug usage in a large metropolitan area.

Senator HARKIN. Hence, the need to get some kind of a regional package or regional kind of thing together to get these funds on a regional kind of basis. I understand.

Kermit, what kind of Federal funds come down to you, and how does it come through?

Mr. DAHLEN. We get significant dollars, and I don't know the exact figure. You may have them there.

Senator HARKIN. I don't know. I don't have them.

Mr. DAHLEN. I know it's over $500,000 of Federal-State dollars in our agency comes down in a variety of ways: Block grants.

Senator HARKIN. Through the block grant?

Mr. DAHLEN. Right. And it's marked for adult and adolescents, as well as prevention, intervention, and services. We also have some special money for minority, AIDS education, and some high-risk youth money.

Senator HARKIN. Now, do you apply for—you apply on an annual basis for that money?

Mr. DAHLEN. Correct.

Senator HARKIN. Now, you apply for a certain dollar amount?

Mr. DAHLEN. Correct.

Senator HARKIN. Do you get all of what you ask for or——

Mr. DAHLEN. No; we don't get all of what we ask for. The State, of course—you know, it's total dollars that are allocated to the State, and the State planning process that they utilize tries to put those dollars into different parts of the State based upon need.

Senator HARKIN. Are you aware of any Federal strings that are attached when you get that money at all or—for Iowa? I keep hearing about needing more flexibility. I'm trying to get a good handle on what mandates are there from the Federal Government, how you use it. Are they too narrow or broad enough to allow you to——

Mr. DAHLEN. I really don't think the problem with the money is the strings attached to it. I really go back to the statement I made, that the money that—the way the money is allocated in our State right now doesn't seem to meet the needs of the people who are trying to access treatment. There are two big problems. No. 1, of course, is that there's never enough money. For example, our

money we get to treat adolescents in the Siouxland area has all been expended before December. That's a fiscal year that starts in July.

Our adult moneys will be expended probably by the end of February, if not the end of—if they haven't already been expended. So we don't ever have quite enough money.

But the second thing is, is that the system in place doesn't allow the flexibility—here, this might be one of the strings. Let's say that there is—that our adolescent program is full. We don't have any room. There may be, 50 miles away, an adolescent treatment center that has 20 open beds, but because they are not a State-contracted facility, no one is—the public—they cannot access that treatment fund to be able to pay for that treatment for that individual.

That's where my comments regarding waiting lists and need for additional beds comes in, is that there's empty treatment beds throughout the entire State of Iowa and the country, but because of the way we currently fund programs, the only persons who can access those are—they can only go to a State-funded program rather than the programs that have available beds across the country.

Senator HARKIN. I don't know that I understand that.

Mr. DAHLEN. It's very complicated.

Senator HARKIN. You're State-funded.

Mr. DAHLEN. Right.

Senator HARKIN. So you're State-funded above bed spaces. You contract that out, do you not? You have other facilities that provide space that you contract with; is that right?

Mr. DAHLEN. No.

Senator HARKIN. No?

Mr. DAHLEN. The money goes directly to our programs.

Senator HARKIN. All expended?

Mr. DAHLEN. All expended.

Senator HARKIN. But you're saying if you're full and you have a client, you can't contract it out?

Mr. DAHLEN. Absolutely not.

Senator HARKIN. You can't do that through some other——

Mr. DAHLEN. The State and Federal dollars going through the block system are only available to patients through a program that receives the State block dollars.

Senator HARKIN. On the one hand, I can understand that, because you want to make sure that it's a qualified program and that it has the qualified people and everything like that.

Mr. DAHLEN. Sure.

Senator HARKIN. But if you are operating a program, as you are, that is qualified, and if you were to certify to the State that you have subcontracted that out to another facility that also met the same qualifications, wouldn't that be sufficient?

Mr. DAHLEN. We can—I think there has been a precedent established that we do allow subcontracting and those dollars, so that would be possible if the dollars were sufficient enough to be able to cover it. Again——

Senator HARKIN. You're just saying you don't have the money to do that now.

Mr. DAHLEN. There's a two-edged—double-edged sword.

Senator HARKIN. You can't do it anyway, and you don't have the money even if you could.

Mr. DAHLEN. But it does create problems if you don't have a community—which Siouxland is very lucky. We have a State-funded-dollar program. If you don't have a community that has State dollars going into your community, you have to, again, go out of your area.

Senator HARKIN. Do you have a waiting list?

Mr. DAHLEN. Well, we have a waiting list for our services, but it's not a waiting list for State dollars. And that gets complicated again. In certain cases, we do have waiting patients. Adult outpatients, again, has waiting list. And here's a perfect example of that competition. There is another treatment program here in the city that probably—which we make—cooperate and refer back and forth between, but they don't get—don't have access to those State dollars. So, again, if somebody is going to be supported that needs that State dollar to support their treatment, they may need to wait, even though there's an opening someplace else.

Senator HARKIN. I see.

Chief Donovan, when I had my—when I was up here, when I was up at Gordon Chemical doing my work today, I heard a lot of talk about the increase in gang activities in Sioux City, and I read a lot of articles in the Journal about that.

Can you bring me up to date? I heard one of the witnesses testify—either Cheri or Gerry, either one—that said there's been a really coordinated effort among the people in Sioux City to go after these gangs on the part of the police department.

What's the latest on them? Have we gotten sort of control of them? Have we pushed them out?

Chief DONOVAN. We hope we have, Senator, but we've also run into cold weather. That has a tendency to slow things down about a bit. We don't know. I think with the county attorney's office and law enforcement agencies that got involved, we made an effort and targeted some of the people. That made an effort—it did have an impact, yes, sir.

We don't know what's coming up this summer. We're going to sit down again, and we're going to talk; and we've heard some—excuse me—we've heard some things, and we plan on—on putting that task force together again and hopefully get enough information that we can prevent it from occurring.

Senator HARKIN. Again, I don't want you to divulge any secrets or any information paths or sources, but do you find good cooperation with your counterparts in Omaha and other places where these gangs seem to be kind of originating: Kansas City, Omaha, things like that?

Chief DONOVAN. Yes, sir; we've been able to talk to those people; and they've been very helpful. And then we send names back and forth when we find somebody that doesn't live here, and they're very helpful in supplying intelligence information.

Senator HARKIN. That's good to know. You mentioned in your testimony about having a DEA agent. We've been all through that, don't have to go through that again. I'm still hopeful that when Mr. Walton is out here in March, he'll have good news for us. But

you mentioned one of the good reasons for having a DEA agent is to help you with asset seizure, this sort of thing?

Chief DONOVAN. Yes, sir.

Senator HARKIN. How much have you received from assets forfeiture from drug dealers in this area? Has it been substantial or not, and what do you do with that?

Chief DONOVAN. Well, as of right now, that's probably the only source we have of funding our buy money.

Senator HARKIN. Funding your what?

Chief DONOVAN. Using the money for our buy money source, our purchasing.

Senator HARKIN. Oh, buy money.

Chief DONOVAN. As you know, the Federal Government is—LEAA hasn't done much in the area of funding law enforcement, so we are using that money; and that money is earmarked specifically for law enforcement.

Senator HARKIN. I see.

Chief DONOVAN. We share some of those proceeds with the State and with the county attorney's office. But that really has been our primary source, outside of money contributed by the city. And we just feel that the asset seizure is very, very important, because what we're doing is, we're seizing assets of criminals and using it against them. And I think they're the people that should be paying for this whole thing.

Senator HARKIN. Yes; good point. Does Sioux City get any State money? Do you get any State money in your efforts?

Chief DONOVAN. No, sir; we have—there's very little coming into the State. We haven't applied for any grants that I'm aware of. We do have some Governor's highway safety money coming in, but I'm not familiar with any funding that's coming to the department through the State.

Senator HARKIN. A question along that line. As I have talked with a number of police departments around the State, I keep hearing that the LEAA used to do a good job of training and—I guess training—education, training, that kind of thing, but that's no longer available. That's all gone now. Do you have any observations on that?

Chief DONOVAN. Well, LEAA money really dried up a long time ago, and it's difficult to see any out there. They funded a whole lot of things. LEAA money, that Law Enforcement Education Program, was great, but that disappeared also. They're really coming in to local police agencies, police departments. There are some block grant funds that come into the State, but they're so small that by the time we write grants for them, you know, you're very fortunate if you get $1,000 or $2,000, that type. We can do better than that, Senator, with our asset seizures.

Senator HARKIN. What are your views on directly inputting Federal enforcement money to local police departments?

Chief DONOVAN. Direct input?

Senator HARKIN. Yes.

Chief DONOVAN. The only thing I question is how the Federal Government would—could keep track of what was going on with their money. This would be a problem. I think that going through the State grant, as long as the States fairly distribute that equita-

bly among the agencies, I have no problem with that. I guess the Federal Government putting that kind of money into local agencies would have a very difficult time auditing the system, and I think they should be—the system should be responsible to whoever is funding it.

Senator HARKIN. Yes; well, you know, I guessed that, because we used to have local revenue sharing——

Chief DONOVAN. Yes, sir.

Senator HARKIN [continuing]. Which did a lot of good in this country and went out the window.

Chief DONOVAN. Yes; it did.

Senator HARKIN. It was one of those programs that I wish we'd have kept. I was opposed not keeping it; but I was obviously a minority on that, since it went out. But I thought of maybe using that, perhaps, as a model to meet a specific problem that confronts us, a drug problem, a new revenue type sharing program specifically to local police departments.

Chief DONOVAN. That would be very nice. The only problem with revenue sharing, when you're talking about hiring people, is that what happened, too, is it disappeared, and the people disappeared with it.

Senator HARKIN. Yes; I know. That's right. That's right. That is a problem.

Chief DONOVAN. Yes, sir.

Senator HARKIN. Oh, yes; I want to ask Gerry Alberts about the drug-free school money. Do you have any idea how much money comes in from the drug-free school's?

Ms. ALBERTS. I don't. I'm not the substance abuse coordinator, and I really don't know the amount of money. It's substantial. They have put it together in—through our Western Hills Area Education Agency, which covers six counties. Most of the school districts, I believe, have entered into consortiums so they can use that funding for training. At this time, they're planning student assistance programs. They have already started them in many districts, the training.

Senator HARKIN. This year, in fiscal year 1990, the year we're in now, Iowa is getting about $4.7 million? $4.7 million just through the Drug-Free Schools Program; and that's up a little over from $3.2 million last year. So there should be, again, substantially more money coming down to school districts from that.

Again, I'm interested in knowing if there's any problems with that or anything that you think I should know about how that money comes down to the local school districts.

Ms. ALBERTS. I'm not aware of any problems. And I have talked with substantial coordinators, and I don't believe there are any problems as far as getting the funding, that kind of thing. I think, in some areas of grants, the Sioux City drug coordinator—substance abuse coordinator was telling me that they had applied for, I believe it was, $40,000 back in November, and just found out they would be receiving it. They got the grant, but it now has to be used up by September. I mean, the time lag was considerable.

Senator HARKIN. I see. I see. And that is a problem with our fiscal year beginning on October 1, Federal level, and school year beginning in September.

Ms. ALBERTS. Yes.

Senator HARKIN. Have to do something about that, see if maybe we can modify it a little bit.

Is there any kind of procedure that you know of—I ask this both for Cheri and you, Gerry—are there procedures for how effective the programs are, which are the most effective? Does the State require any kind of evaluation for these programs?

Ms. ALBERTS. The programs, at least most of them, have a formal evaluation as part of the program; and of course they've been field-tested extensively before they're even up for sale; and there's—they all—almost all of them require training before you can even purchase the materials. There is a pre- and post-test, is usually how it is monitored, and the ME-Ology and Quest Program. Of course, a lot of teacher's evaluations and programs, too, so—and it—I don't know what is required by the State. Maybe Cheri can answer that.

Ms. PHILLIPS. I'm not familiar with what sort of evaluation process some of the curriculums go through; but as a prevention specialist, I guess I have concerns that we make sure that we use, you know, data-driven curriculum in planning for our curriculum in the elementaries and senior highs and middle schools.

However, when you look at the prevention field and see, it's a relatively new field; and the kinds of studies we're going to have to do are going to be longitudinal. And it may be unfair to, you know, expect that we have any answers to that at this point.

Senator HARKIN. Right away, yes. That's a problem with all these programs: if you're doing a longitudinal study, it takes a long time before you get that kind of data.

Ms. PHILLIPS. That's right.

Ms. ALBERTS. Most of them have been in existence or at least field-tested by many people for five or ten years, so they do have—it's fairly standardized. Not exactly, of course, but I think their evaluation system within the program is pretty good.

Senator HARKIN. Well, I have to close now. If any of you just openly have any recommendations you would make regarding Federal programs in addition to the DEA agent, or anything else?

Mr. MULLIN. Don't forget alcohol. Cocaine and the other illegal drugs are the ones that are getting the most publicity, but really, alcohol is still the No. 1 problem right here in our society here, and it's the No. 1 law enforcement problem as well.

Senator HARKIN. I appreciate that. A lot of times you say "drugs" and tend not to think about alcohol. Last year, when we started this program under my committee, I made sure that every time we put the funds in for these demonstration programs, we put the word "alcohol" in, too, just to focus on it, make sure they didn't forget about that. So you're right on the money on that.

Again, I want to thank you all for being here, and I believe it's really good testimony.

I've been around the State of Iowa a lot. I've been working on drug prevention eradication programs, both in the law enforcement area and through prevention and treatment education; and I must say that those of you in this area, I think, really exemplify the best in what it means to bring together a concerted community and outlying areas. You're one of the best I've seen, anyway, in that

regard, just pulling the resources together and committing people with this problem.

And that's why I'm hopeful that some of these new demonstration programs can get out here. And let us know, and we'll help you get that grant written and get it in. And I would think it would be one place where you could really make an impact here in this area.

And then we're going to work with you, Tom and Chief Donovan, and see what we can do on this breaking down this barrier on this three-State thing and work with the Senators and Congressmen from the respective areas.

I just can't believe it's an insurmountable problem. It's got to be something we can change by allowing these moneys to go to the areas where you have a unique situation and States have all agreed and you've agreed with your counterparts in other counties. Then you could apply for those funds on a regional basis rather than just on a State-by-State basis.

Chief DONOVAN. We have mutual aid with most of the other areas, except in the enforcement areas.

Senator HARKIN. Exactly, we'll work on that. Thank you all very much.

ADDITIONAL SUBMITTED STATEMENT

The subcommittee has received an additional statement for inclusion in the record at this point.

[The statement follows:]

STATEMENT OF DON MEISNER, SIOUXLAND INTERSTATE METROPOLITAN PLANNING COUNCIL

November 27, 1989

The Siouxland area requests support in its anti-drug efforts. The reasons for this request are many. These were presented to Dr. Bennett in Vermillion, South Dakota on October 10, 1989. During that meeting, Dr. Bennett indicated that we should, with our elected representatives, present our needs and ideas to you, his associates. Our elected representatives have a long history of working together on important issues. This cooperation includes our three Congressmen: Fred Grandy, Sixth District-Iowa; Doug Bereuter, First District-Nebraska; and Tim Johnson, South Dakota, our Senators Charles Grassley and Tom Harkin of Iowa, J. James Exon and Robert Kerrey of Nebraska, and Larry Pressler and Tom Daschle of South Dakota, and Governors Terry Branstad of Iowa, Kay Orr of Nebraska, and George Mickelson of South Dakota. These issues have included flood control, state boundaries, bridges, economic development, education, water quality, and social issues.

The reasons for our request as presented to Dr. Bennett on October 10, 1989 are:

1. The tri-state multi-jurisdictional nature of the area complicates communication and coordination, and therefore offers an opportunity for a successful federal-state-local partnership that can be effective and restore citizen confidence in our government's ability to address the anti-drug issue.

2. The retreat by the federal government from the federal-local partnership has left us with the mandates without resources to fund services at appropriate levels,

3. The local governments have allocated more funds and larger percentages of budgets to law enforcement and related activities. These costs have been borne locally, but the drug issue is larger than local capacity to address it, and

4. The community, its organizations, and institutions are very involved with anti-drug and substance abuse education, activities to reduce demand, and provision of adequate treatment. We are anxious to proceed.

Our request includes resources for local anti-drug coordination activities and the addition of a full-time federal (DEA) agent.

Siouxland is an area of approximately 225,000 persons in a fifty-mile radius of the Sioux City urban area. The urban area counties of Woodbury, Iowa; Dakota, Nebraska; and Union, South Dakota contain approximately 125,000 persons. The area is bisected by Interstate 29 which connects Kansas City (275 miles south), Omaha (95 miles south), Sioux City and Sioux Falls (90 miles north).

We are very aware of the negative impact that substance abuse is having on our area, its people and its institutions. Our community is in trouble due to substance abuse as can be seen in the increased dropout rate, teen pregnancy problem, emerging gang activity, over burdened social service agencies, a dwindling pool of drug-free workers, and alarming increases in drug related calls (233%) into a local Crime Stoppers telephone line.

Law Enforcement

The law enforcement problems with respect to drug related offenses in especially the Woodbury County, Iowa; Dakota County, Nebraska; and Union County, South Dakota; I-29 Corridor, have been increasing dramatically over the past few years.

The drug task force in northwest Iowa, founded in 1989, has seen a tremendous increase in arrests and forfeiture seizures. Since May 2, 1989, which was the date of the appointment of the special prosecutor, four indictments involving seven defendants have been returned and one house appraised at approximately $39,000.00 has been seized. In Woodbury County, Iowa, May 1989 drug charges alone equaled the past two years' drug charges together. There has been a dramatic increase in the use of cocaine with larger quantities and higher percentages of purity and there is evidence of the continued and increasing use of crack cocaine, which was nonexistent in this area five years age.

The experience in Dakota County, Nebraska is similar. The arrests in Dakota County for 1989 with the cases filed have totaled in excess of 250. That increase in drug-related offenses equals the total number of drug offenses for the last eight years. This dramatic increase in arrests can be directly attributed to the use of a LEAD officer from the Nebraska State Patrol, who has been assigned directly to Dakota County. The number of asset forfeitures and seizures have increased dramatically. We estimate that we will seize vehicles and drug money, which under the Nebraska statutes is what we are limited to seizing in excess of $50,000.00 in Dakota County.

The problem in southeast South Dakota with respect to Union County and the I-29 corridor is likewise worsening. There has been no specific assignment of a drug investigator to that area, and therefore most of the drug involvement occurs with interstate highway drug interdiction. According to prosecutors, an increased volume of activity is being seen, but there is a general consensus that at least in southeast South Dakota, they are only scratching the surface. Efforts will be made to attract and implement the establishment of a full-time drug investigator in that area to assist in undercover investigations.

The ever increasing use of drugs by the populace is causing attendant crime statistics to rise. Burglaries and larcenies have increased with the use of drugs as have gang activities in the Siouxland area.

Law enforcement agencies have been meeting and formulating plans as indicated below.

Intervention, Education, and Treatment

In 1987, a citizens' task force was formed. The philosophy of Siouxland CARES (Community-wide, Education, Resources, and Support) is based on the "community intervention" model--the community must mobilize all its resources to wage a successful campaign against substance abuse. A successful campaign can only be accomplished through mobilization, cooperation, coordination, and strategic planning among all segments of the community--the health care system; the law enforcement and judicial systems; the business and labor communities; the social services/mental health communities; the drug/alcohol treatment and self-help/support communities; the civic/service organizations; and the family unit. Each segment has a significant, crucial contribution to make.

Through the leadership of Siouxland CARES, considerable mobilization efforts over the past 2 1/2 years have resulted in:

- establishment of Student Assistance Programs in the public schools, College Assistance Programs in local colleges, and an Employee Assistance Program for city employees and their families;
- increased aggressiveness in enforcing laws regarding sales to and consumption by minors;
- thousands of parents joining networking groups to support a non-use norm for our youth;
- dramatically increased citizens reports of suspected drug activity;
- other community activities too numerous to mention.

Siouxland CARES has developed a comprehensive plan for the future. Through its efforts, Siouxland CARES expects:

- to cooperate with and assist the Drug Enforcement Task Force in procuring the manpower and equipment necessary for the aggressive and consistent enforcement of drug-related laws;
- to achieve consistent justice in the prosecution of alcohol and drug-related cases in the court system;
- to develop increased community awareness and community intervention skills;
- to develop early identification and referrals within the community;
- to seek legislative changes as identified and necessary;
- to encourage improvements in the treatment services within the community;
- to coordinate substance abuser awareness and educational activities through the Siouxland area;
- to develop a sound fund-raising plan including contribution ("partnerships") from public/private sectors and individuals; and
- to evaluate process and progress of implemented programs for effectiveness in demand reduction.

While we have been successful in bringing about numerous activities and alliances, and have a comprehensive plan, a critical problem has been created. We have in essence "awakened a sleeping giant" and the Siouxland community is demanding more involvement, more information and more coordination for the efficient use of time, money, and manpower.

Further, the immediate Siouxland area is divided by two rivers into three different states, South Dakota, Iowa, and Nebraska. This is a unique geopolitical situation, and the number of legal and political jurisdictions which need to become involved increase and complicate the mobilization of efforts. Considerable care, skill, and attention will be required to maintain the pathways of coordination, cooperation, and mutual interests for a problem that knows no boundaries.

Community Response

The need is for us to make additional significant progress to establish coordination for both the law enforcement function and the intervention, education and treatment functions.

Law Enforcement

The law enforcement agencies in the area have recognized and have actively addressed the problem with respect to additional assignment of local law enforcement officers at local taxpayer expense to these particular areas. New officers and new agencies have been established which are actively pursuing the drug dealer. As a direct result of these local activities, the increased statistics can be shown which document the nature of the very serious problem in the Siouxland area.

The need for a coordinator on the law enforcement side who would work with all of the agencies is evident. Because of the independent yet interconnected nature of the investigations, it is paramount that coordination and dissemination of information on a confidential basis be achieved. Often, the enforcement officers are themselves too busy with the investigations and the reporting paperwork to disseminate the information in a timely manner, so that it can be used by the appropriate agency.

The necessity of gathering information and intelligence with respect to undercover operations is self-evident. However, the gathering of that information, without the dissemination of it is a useless effort. If one law enforcement coordinator for the entire area could work with the Sioux City Police Department, the Dakota County Sheriff's Office, the Union County Sheriff's Office, the State Investigative Agencies of all three states, as well as the Federal Investigative Agencies and the prosecutorial offices, then a close and cohesive network of information could be gained. It could then be disseminated to those appropriate agencies in such a manner that the information could be useful in continuing and on-going investigations.

Further, since some of the operations by necessity involve crossing state lines, some coordination and cohesion between offices must be accomplished. While it is difficult to get all of the individual agencies together to meet on a regular basis, it would not be difficult to have a coordinator meet with each of those agencies on an individual basis. Then on a recurrent monthly basis, a relatively small group could, in confidence, discuss the information, joint investigations and the intelligence information gathered from a variety of arrests.

By coordinating this information with all of the other law enforcement agencies in the area to which it is relevant, leads can be followed up and a data base network can be established which will assist each and every officer in ascertaining all data pertinent to drug enforcement investigations in the area.

Intervention, Education, and Treatment

The existing demand for services mandates coordinated cooperative and comprehensive communities and services.

This demand has resulted in the realization that Siouxland CARES needs paid staff to assist in "carrying out" its mission. Necessary staff would be a full-time Coordinator. Salaries, equipment and travel funds are needed.

A cooperative contract with the Siouxland Interstate Metropolitan Planning Council (SIMPCO) would provide office space, secretarial support, and photocopying equipment. SIMPCO is a successful, recognized, experienced, full-service regional council of local governments organized and operated under intergovernmental agreements. SIMPCO currently consists of 55 member local governmental units within the tri-state area which cooperatively address area-wide development and improvement concerns. Current services include physical community planning, project development services, housing rehabilitation services, administrative and financial planning, natural resource planning, economic development and social services.

Law Enforcement Coordination — FINANCIAL NEEDS (DRAFT)

	Year 1	Year 2	Year 3
Officer	$35,200		
Pension (16.5%)	5,800		
Benefits	5,000		
Other	575		
Subtotal	$46,575	$48,900	$51,345
Vehicle & Equip.	$18,000	---	---
Secretarial	14,000	15,000	16,000
Rent (250 ft. @ $7/ft.)	1,750	1,800	1,850
Office Equipment	2,000	500	500
Terminal	1,500	500	500
Secure FAX	1,500	1,500	1,500
TOTAL	$85,325	$68,200	$71,695
TOTAL			$225,220

Intervention, Education, and Treatment

	Year 1	Year 2	Year 3
Coordinator	$30,000	31,500	33,000
Fringes (16%)	4,801	5,000	5,300
Travel	2,000	2,000	2,000
Subtotal	$36,800	$38,500	$40,300
Support Services (35%) (SIMPCO)	$12,900	13,500	14,200
TOTAL	$49,700	$52,000	$54,500
TOTAL			$156,200
GRAND TOTAL			$381,420

SIMPCO August 1989

ORGANIZATIONAL DESCRIPTION

The Siouxland Interstate Metropolitan Planning Council (SIMPCO) was formed in 1965. It consisted of thirteen (13) member governments in the Sioux City urban area of Iowa, Nebraska, and South Dakota. The goals of the new organization were the preparation of a comprehensive urban development plan, gaining surface transportation improvements, assisting in redevelopment efforts, improving water quality and securing protection from floods.

We utilized many programs of the U.S. Department of Housing and Urban Development (HUD formerly HHFA) and the Federal Highway Administration (formerly BPR) in achieving these goals. Urban Renewal, 1966 Demonstration Cities and Metropolitan Development, water and sewer, open space and housing programs were put to good use.

SIMPCO achieved its initial goals and assumed new duties. Many new governments joined. Today SIMPCO has fifty-five (55) local governmental members from Iowa, Nebraska, and South Dakota. We have a full menu of urban and rural development functions. Special organizations were formed by SIMPCO for specific purposes.

The Member Services and Transportation Divisions have been, since SIMPCO's inception, involved with providing direct services to members. As rural counties and cities joined, the emphasis on rural development increased. These services include physical planning, administrative and financial planning, project development and project implementation services. We also provide special services of housing rehabilitation, natural resource planning, transportation system and project development and energy conservation. We provide these services on a direct contact basis using trained professionals.

When the area suffered severe economic disruption in the mid-1970's, SIMPCO developed (with business, labor, and government) a Siouxland Economic Readjustment Strategy. This strategy led to the creation of several new operations including the Siouxland Economic Development Corporation (SEDC), a private not-for-profit SBA 503 Certified Development Company. SEDC utilizes HUD, SBA, EDA, and other funds for job creation through business starts and expansions. We staff the SEDC and provide technical assistance to CDBG Title I eligible communities in economic development, housing activities and historic preservation. We assisted in the creation of and staff the Siouxland Regional Marketing Council (SRMC) and support the Siouxland Initiative (SI). The SRMC is a tri-state effort of business and government groups working on coordinated

and cooperative development of the area. The SI is a $1.5 million local tri-state effort designed to assist new business starts, business retention, small business development, and community image enhancement.

We are also active in the creation of an export trading company, U. S. Customs Port of Entry, and Foreign Trade Zone.

The Siouxland Area IV Agency on Aging division was created to serve the growing "graying" portion of our population. It currently operates twenty-five (25) congregate meal sites, provides funds for many senior centers and services, and operates a senior employment program. It is now an independent agency.

We created and staff the Siouxland Regional Transit System (SRTS). This 30 van system provides vital mobility to rural aging and handicapped persons, in many cases providing their only access to medical care, shopping, entertainment and the congregate meal sites.

The Siouxland Regional Housing Authority and the Northeast Nebraska Joint Housing Authority operate several Section 8 certificate and voucher programs.

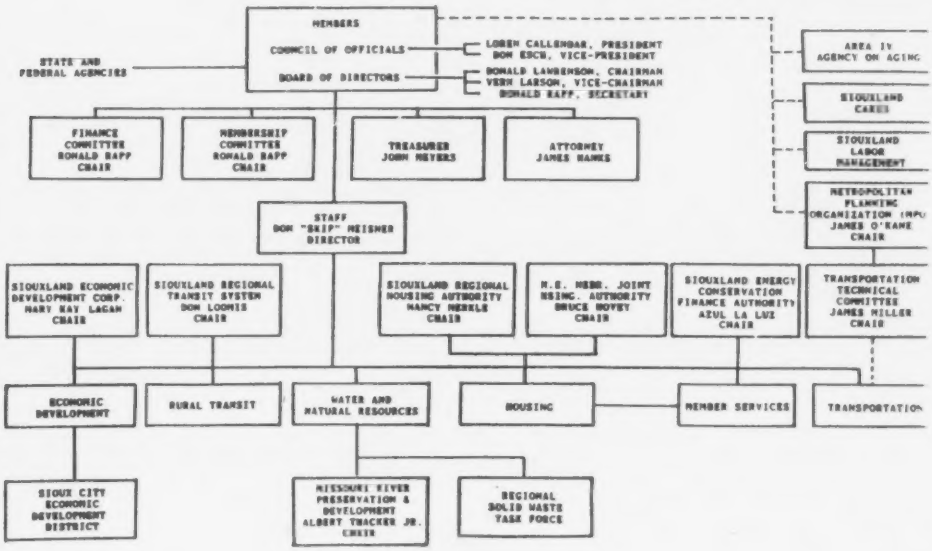
In 1985 SIMPCO decided to bolster its rural development activities by housing and cooperating with the Middle America Network (MAN). MAN is a private group that provides farm-lending institution mediation services, rural development services, and farm advocacy.

As indicated, we are directly linked to an SBA 503 Certified Development Company, to local governments through memberships, to state governments through Executive and Legislative branches, to business and labor, to Senior Citizen groups, transportation users, housing authorities, private rural development activities, and federal agencies.

SIMPCO ORGANIZATION

SIMPCO - P.O. BOX 447 - SIOUX CITY, IOWA - PH. 712-279-6286

AUGUST, 1989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SIOUX CITY ECONOMIC DEVELOPMENT DISTRICT
MISSOURI RIVER PRESERVATION & DEVELOPMENT ALBERT TRACHER JR. CHAIR
REGIONAL SOLID WASTE TASK FORCE

CONCLUSION OF HEARING

Senator HARKIN. The subcommittee will stand in recess.

[Whereupon, at 10:37 p.m., Wednesday, February 14, the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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27-514 (40)